

Receipt  
#4



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent

Application No. 09/884,555  
Filing Date: June 19, 2001  
Applicant: de La Chapelle et al  
Group Art Unit: not assigned  
Examiner: not assigned  
Title: Return Link Design for PSD Limited  
Mobile Satellite Communication Systems  
Attorney Docket: 7784-000141CPB

REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Hon. Commissioner of Patents  
and Trademarks  
Washington, D.C. 20231

Sir:

We acknowledge receipt of the Official Filing Receipt for the above identified application.

However, please change the continuation information as follows:

"WHICH IS A CIP OF 09/728,604 12/01/2000"

should read:

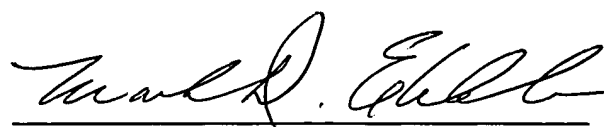
"WHICH IS A CIP OF 09/728,605 12/01/2000"

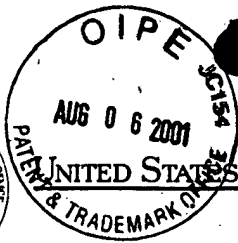
Accordingly, please correct your records and issue a corrected filing receipt.

Respectfully submitted,

HARNESS, DICKEY & PIERCE, P.L.C.  
Attorney For Applicants

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August 2, 2001  
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Mark D. Elchuk  
Reg. No. 33,686



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/884,555	06/19/2001	Michael de La Chapelle	7784-000141CPB

CONFIRMATION NO. 3348

27572  
HARNESS, DICKEY & PIERCE, PLC  
P.O. BOX 828  
BLOOMFIELD HILLS, MI 48303

## FORMALITIES LETTER



\*OC000000006275066\*

Date Mailed: 07/09/2001

## NOTICE TO FILE CORRECTED APPLICATION PAPERS

*Filing Date Granted*

This application has been accorded an Application Number and Filing Date. The application, however, is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given **TWO MONTHS** from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a)

The required item(s) identified below must be timely submitted to avoid abandonment:

- Substitute drawings in compliance with 37 CFR 1.84 because:
  - drawing sheets do not have the appropriate margin(s) (see 37 CFR 1.84(g)). Each sheet must include a top margin of at least 2.5 cm. (1 inch), a left side margin of at least 2.5 cm. (1 inch), a right side margin of at least 1.5 cm. (5/8 inch), and a bottom margin of at least 1.0 cm. (3/8 inch);

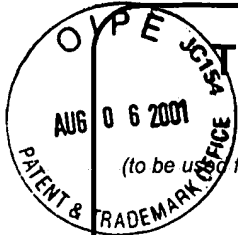
*A copy of this notice MUST be returned with the reply.*

Customer Service Center  
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

Please type a plus sign (+) inside this box → ☐

HDP/SB/21 based on PTO/SB/21 (08-00)



<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	09/884,555
		Filing Date	6/19/01
		First Named Inventor	de La Chapelle
		Group Art Unit	not assigned
		Examiner Name	not assigned
Total Number of Pages in This Submission		Attorney Docket Number	7784-000141CPB

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p><b>copy of Notice to File Corrected Application Papers; Request for Corrected Official Filing Receipt and postcard</b></p>
Remarks	The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Mark D. Elchuk	Reg. No. 33,686
Signature			
Date	August 2, 2001		

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.			
Typed or printed name	Mark D. Elchuk		
Signature		Date	August 2, 2001



2FC1 ST630 5-14-02  
*central file*  
*AB*

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Bib Data Sheet

CONFIRMATION NO. 3348

<b>SERIAL NUMBER</b> 09/884,555	<b>FILING DATE</b> 06/19/2001 <b>RULE</b>	<b>CLASS</b> 348	<b>GROUP ART UNIT</b> 2614	<b>ATTORNEY DOCKET NO.</b> 7784-000141CPB
<b>APPLICANTS</b> Michael de La Chapelle, Bellevue, WA; Kevin M. O'Brien, Los Alamitos, CA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/672,378 09/28/2000 WHICH IS A CIP OF 09/728,605 12/01/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/09/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 18
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 27572				
<b>TITLE</b> Return link design for PSD limited mobile satellite communication systems				
<b>FILING FEE RECEIVED</b> 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

